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ABSTRACT

At the time the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P. L. 104-193) was being debated, some child welfare advocates raised the concern that its effect on families at high risk of involvement in the child welfare system or on families already involved in the child welfare system would be negative. As the debate regarding the re-authorization of this act continues, an assessment needs to be made as to whether the original concern was well-founded. In Ohio, both the public child welfare and the public welfare programs are administered at the county level. A program of research was developed to examine one public child welfare system under conditions of welfare reform in one county, Cuyahoga County, in this state. The program is comprised of four inter-related but separate components: the Policy Study, the Caseload Study, the Cohort Study, and the Interview Study. These consist, in turn, of: an examination of the implementation of welfare reform in the county; an assessment of whether child welfare caseloads increased under conditions of welfare reform; an assessment of how changes in county child welfare caseloads were expressed at the individual level; and a study of the work and welfare experiences, as well as resources and needs, of biological mothers of children in foster care. The research program is non-experimental and, as a result, it cannot be used to show definitively that welfare reform causes any findings that were obtained. It is, by way of contrast, an in-depth case study, that relies on multiple methods, of the child welfare system in one urban county under conditions of welfare reform. This paper summarizes some important findings from this research program to date, in order to make the case that child

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welfare families have deteriorated under conditions of welfare reform. The number of children referred to foster care in the post-welfare reform period was, on average, higher each month than in in the pre-welfare reform period. In addition, a higher proportion of foster children remained in care 18 months post-placement, after welfare reform than before. Although the higher a child's mother's post-placement income, the faster her child returns home both before and after welfare reform, this effect is greater after welfare reform than before. Finally, although there are no comparable dates for both pre- and post-welfare reform samples of mothers, slightly more than half the mothers with children in foster care after reform were living in "extreme poverty," and many mothers of children in foster care have significant obstacles to employment. (Contains 46 references. (Author/HTH)

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July 24, 2003

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In Ohio, both the public child welfare and the public welfare programs are administered at the county level. We developed a program of research to examine one public child welfare system under conditions of welfare reform in one county, Cuyahoga County, in this State. The program is comprised of four inter-related but separate components: the Policy Study, the Caseload Study, the Cohort Study, and the Interview Study. These consist, in turn, of: an examination of the implementation of welfare reform in the county; an assessment of whether child welfare caseloads increased under conditions of welfare reform; an assessment of how changes in county child welfare caseloads were expressed at the individual level; and a study of the work and welfare experiences, as well as resources and needs, of biological mothers of children in foster care.

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DETERIORATION OF CHILD WELFARE FAMILIES UNDER CONDITIONS OF WELFARE REFORM

Paper presented at the
Joint Center for Poverty Research Conference:

"Child Welfare Services Research and its Policy Implications"

Washington, D.C.

March 20, 2003

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Cuyahoga County Department of Children and Family Services

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The Annie E. Casey Foundation
The George Gund Foundation
The Cleveland Foundation
Ohio Department of Mental Health

DETERIORATION OF CHILD WELFARE FAMILIES UNDER CONDITIONS OF WELFARE REFORM

Statement of the Issue

At the time the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P. L. 104-193) was being debated, some child welfare advocates raised the concern that its effect on families at high risk of involvement in the child welfare system or on families already involved in the child welfare system would be negative (Courtney, 1997; Hardin, 1997). As the debate regarding the re-authorization of this act continues, an assessment needs to be made as to whether the original concern was well-founded.[1]

The concern grew out of the recognition that a majority of families who were involved in the child welfare system were also recipients of cash assistance (Geen & Tumlin,1999), and, as a result, the majority of child welfare families would be affected by welfare reform. Moreover, these families were known to have severe, complex, and chronic problems, problems such as mental illness (Hollingsworth, 2002), drug addiction (USDHHS, 1999), and domestic violence (National Council of Juvenile and Family Court Judges, 1999), in addition to poor parenting skills. Some expected these problems would make it difficult for parents to obtain and retain paid employment with the level of support that was anticipated and within the proscribed period of time (SAMHSA, 2000). Given the strong link between poverty and child abuse and neglect (Pelton, 1994), the over-arching worry was that if poverty increased, so too would child maltreatment and, in particular, child placement (Courtney, 1997).

Several specific hypotheses were advanced regarding the mechanisms through which loss of income (Shook, 1999) or poverty would increase child abuse and neglect (Hutson, 2001). However, the specific ways in which welfare reform would affect the child welfare system were unclear. Federal welfare reform legislation made few specific changes to child welfare policy, and the States were allowed considerable latitude as to how to implement the federal legislation. As a result, the effects of reform could be expected to depend on how legislative mandates to promote work, to protect children, and to preserve families were implemented in a specific economic and social context (Courtney, 1997). [2]

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[1] The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P. L. 104-193) was designed to promote paid employment among those who had historically relied on cash assistance (and to deny assistance to those who did not work); to make work pay by promoting welfare recipients use of all of the government benefits for which they were eligible; and to promote the formation and maintenance of two-parent families. Two primary features of this legislation were the elimination of the entitlement to cash assistance that had been available under the prior welfare policy (Title IV of the Social Security Act of 1935), and the restriction of access to cash assistance 60 months. This legislation was renewed by the U. S. House of Representatives (H.R. 4), with some modifications, in February 2003, and it is expected to be debated in the U. S. Senate in the fall of 2003.

[2] The following provisions of the 1996 federal welfare reform legislation are especially relevant to the child welfare system (SAMSHA, 2000). For children living with their relatives, the law encouraged states to prefer an adult relative over other alternatives when determining the type of foster care placement; if the adult relative is receiving cash assistance for herself and the child for whom she is caring, she must also comply with her state's implementation policy; however, the relative may also chose to receive a "child only grant" and then she does not have to comply with state policy. For children in foster care, the law prohibited families from receiving cash assistance for children who were expected to be absent for 45 days; however, states could continue assistance for an additional 30 days but not more than 180 consecutive days. Families with children in foster care could receive other services funded by federal welfare reform.

The Ohio Works First legislation (H.R. 408, the legislation representing the enactment of welfare reform in Ohio) contains other stipulations with direct implications for child welfare, including the following ones: 1)

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The Context

Community Context

Cuyahoga County Caseloads

Cuyahoga County is the largest of Ohio's 88 counties, with a population of close to 1.4 million (United States Census Bureau, 2003). The county is dominated by its largest city, the City of Cleveland, where approximately one third (34.3%) of county residents live (Brock et al., 2002).

At the time welfare reform began to be implemented in Cuyahoga County—October 1997—approximately one fifth of Ohio's welfare caseload was from Cuyahoga County (Bertelli, Coulton, Bania & Wang, n.d.). The county's cash assistance caseload began to decline in 1992, however, by 1996, evidence suggested that long-term recipients comprised an increasing proportion of a declining caseload (Bertelli, et al.)

At about that same period of time, approximately one quarter of Ohio's foster care caseload was from this county (Public Children's Services Association of Ohio, 1998), approximately 80% of whom were from the City of Cleveland (Wells, Guo, & Li, 2000).

Thus, at the time our research program began, poor mothers with children in foster care who also received cash assistance were highly likely to have had multiple barriers to employment.

Social and Economic Conditions

Despite the economic growth and the decrease in poverty that occurred in the county during the 1990s (Brock et al., 2002), the social and economic conditions in the City of Cleveland lagged behind. For example, in 1999, 48 percent of city children were living in single-parent households, compared to 32 percent of county children; 38 percent of city children were living in poverty, compared to 20 percent of county children; and 65 percent of all births were to women who were unmarried prior to the birth of their child, compared to 43 percent for county women (Annie E. Casey Foundation, 2003). In 2000, only 20 percent (19.6%) of the

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biological families of children placed in foster care can receive cash assistance for up to 180 days prior to July 1, 1999, after that it was 90 days, *if* the child is taken from an Ohio Works First (OWF) household (e.g., a household meeting the requirements of Ohio's welfare reform law, *and* there is a reunification plan in place; 2) a minor parent must be living in an adult-supervised living arrangement in order to qualify for OWF; 3) individuals with drug felony convictions are eligible for cash assistance and food stamps, cash assistance recipients are not routinely tested for illegal drug use. However, clients who are mandated into treatment as part of their self-sufficiency plan may be required to undergo drug testing; 4) Ohio does provide drug and alcohol treatment services to parents receiving cash assistance, so that children can remain at home. However, these programs are funded by the Ohio Department of Alcohol and Drug Addiction Services, and are not funded under welfare reform; 5) cash assistance funds cannot be used directly to provide mental health treatment services to parents to allow children to remain at home. Cash assistance funds can be used to pay for supportive services, the nature of which are determined locally.

entry-level job openings in the Cleveland Metropolitan Statistical area were in Cleveland (Brock et al., 2002). These data reflect the trend toward depopulation, poverty, and job loss that has characterized Cleveland for several decades (Brock et al.).[3]

Legislative Context

State Welfare Legislation

The State of Ohio welfare reform implementation legislation (Ohio Works First, 1997) indicated the State's concurrence with the federal welfare reform legislation and, in some places, contained more restrictive requirements (Brock et al., 2002). For example, under the State's program, cash assistance was limited to 36 months rather than the 60 months allowed under federal law, though after two years parents could apply for an additional two years of aid.[4] Each county in the State was to devise a plan to implement the State's welfare reform plan so that all county plans could be responsive to local conditions. This arrangement was codified in a "Partnership Agreement" between the Ohio Department of Human Services and each county board of commissioners. This county by county flexibility was a major feature of reform in Ohio (Adams & Wilson, 1999).

State Child Welfare Legislation

At the same time that public welfare policy was changing, public child welfare policy was also being revised. The Adoption and Safe Families Act of 1997 (Adoption and Safe Families Act, 1997) made children's health and safety of paramount concern and contained provisions to promote adoption. The 1999 State of Ohio implementation legislation (Ohio H.B. 484) made few changes to the federal legislation, though it did shorten the length of time between foster placement and the timing of a petition to terminate parental rights from 15 to 12 months.[5]

We argue, in light of the State's legislative thrust and the social and economic conditions in the City of Cleveland, that if welfare reform is going to have a negative effect on the public child welfare system, we should be able to detect this effect in Cuyahoga County, Ohio.

Research Program

In this community context, then, we developed a program of research that began in 1998. The program is comprised of four inter-related but separate components: the Policy Study, the

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[3] Between 1970 and 2000, for example, there was a 36 percent loss in population and a 9 percent increase in the poverty rate. The unemployment rate in 2000 was close to 10 percent, twice the rate for the country as a whole.

[4] H.B. 408 further stipulated that adult recipients of cash assistance had to spend 30 hours per week either working or participating in work-related activities rather than 20 hours per week allowed under federal law. Parents who did not comply with these proscriptions could lose their family's entire cash assistance grant.

[5] H.B. 484 also clarified exceptions to requirements to provide "reasonable efforts" at reunification, including repeated rejection of drug treatment by a parent, for example. It mandated court-ordered drug-assessments for parents; and required joint planning between the Ohio Department of Human Services and the Ohio Department of Alcohol and Drug Addiction Services to improve access to and timeliness of drug and alcohol services for families in the child welfare system.

Caseload Study, the Cohort Study, and the Interview Study. These consist, in turn, of: an examination of the implementation of welfare reform in the county; an assessment of whether child welfare caseloads increased under conditions of welfare reform; an assessment of how changes in county child welfare caseloads were expressed at the individual level; and a study of the work and welfare experiences, as well as resources and needs, of biological mothers of children in foster care.

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In this paper, I will summarize some important findings from this research program to date, in order to make the case that child welfare families have deteriorated under conditions of welfare reform. References to reports and articles that contain methodological details pertaining to these findings are contained in the Reference section to this paper.

Policy Study

Our first component, referred to as the Policy Study, was designed to assess implementation of the State's welfare reform program in Cuyahoga County between 1997 and 2000, a period that encompassed the onset of welfare reform in the State through the date on which recipients of cash assistance could begin to lose public aid.

In April 1998, the county's welfare agency was divided into two agencies, one that focused on employment and income maintenance (i.e., cash assistance) and one that focused on food stamp and Medicaid-only cases. The employment and income maintenance agency, Cuyahoga Work and Training, emphasized four broad principles: 1) a holistic assessment of participants' economic, social, educational, and vocational needs; 2) collaborative, neighborhood-based services based on collaboration among public agencies; 3) an integrated service delivery model in which each recipient works with one staff member for all aspects of his or her case; and 4) increased use of emergency funds and services to divert individuals from applying for public assistance and to assist former recipients of assistance to remain employed (Cuyahoga County Board of County Commissioners, 1998).

The Cuyahoga County Board of Commissioners sought Plans of Cooperation with public agencies central to implementation of welfare reform in the county. Included among these agencies were the Cuyahoga County Department of Children and Family Services, Child Support Enforcement Agency, Cuyahoga Health and Nutrition, The Alcohol and Drug Addiction Services Board, the Community Mental Health Board, and the Department of Senior and Adult Services.[6]

We gathered evidence pertaining to the county's welfare policy problem, the actions taken with respect to the problem, the outcomes of these actions, and the claims made with respect to the meaning of these outcomes (Dunn, 1994). Data included relevant documents (i.e.,

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[6] After submitting the initial Partnership Agreement, the County obtained Plans of Cooperation with a total of 11 agencies: the Alcohol and Drug Addiction Services Board, Cleveland Metropolitan Housing Authority, Cleveland Municipal School District, Cuyahoga County Board of Mental Health, Cuyahoga County Community College, Cuyahoga County Department of Children and Family Services, Cuyahoga Food and Nutrition, Cuyahoga Support Enforcement Agency, Regional Transportation Authority, Senior and Adult Services, and Workforce Development Department (the Job Training Partnership entity).

copies of legislation and related reports) and interviews with administrators of the 11 public agencies that were to be involved with implementation of the county's welfare reform efforts. In mid-2000, Professor Pearlmutter and I interviewed the Executive Director, or one or two top-level administrators, at each of these public agencies, as well as executives at Cuyahoga Work and Training, and the county's Deputy Administrator for Health and Human Services, in order to describe implementation of welfare reform in the county up to that point in time. The interview form was comprised of questions with unstructured and pre-structured response formats. Respondents were asked a wide variety of questions including those that focused on the "work-first" approach that characterized the State's welfare reform program, the extent to which the State's welfare reform program and the county's strategies for coordinating services had been implemented, and the goals and effects of welfare reform in the county.

To date, we have used content (Krippendorf, 1980) and thematic (Luborsky, 1994) data analytic techniques. Analyses have revealed divergent points of view with respect to the "work-first" approach that was emphasized by the State, as well as a complex web of facilitators of and barriers to implementation of the State's welfare reform plan in the county. Several common themes have also emerged and three of the four noted here have been corroborated by a second credible source. First, respondents agreed that the county had expanded its welfare-to-work program. (The proportion of adult recipients of cash assistance who were employed or participating in welfare-to-work activities jumped from 19 percent in 1998 to 49 percent in 2000 (Brock et al., 2000). Second, the respondents agreed that the county had adhered to a strict schedule with respect to the State's timelines so that by October 2000, the first group of recipients - those who had received cash assistance continuously since welfare reform efforts began in October 1997 - were removed from the cash assistance caseload (ODJFS, 2000; Cuyahoga Work & Training, 2000a). Third, they agreed that some foundational features of the State's welfare reform program and the county strategies to implement that program had not been developed fully. For example, in 2000 only five of the eleven neighborhood-based service centers were in place (Cuyahoga Work &Training 2000b). Fourth, mechanisms through which public agencies were to coordinate their efforts were under-developed. This was especially true for the mental health and substance abuse services.

This latter point is especially important due to the complexity, severity, and chronicity of some of the problems faced by the biological families of children in foster care. One example will illustrate this later point. Until mid 2000, if cash assistance recipients failed to pursue the self-sufficiency agreement they had signed, job coaches would interview them and perform an initial assessment for drug, alcohol, or mental health problems. If a problem seemed evident, a coach would require a recipient to seek a further assessment through staff at a contracted agency. Following that assessment, a coach would develop a contract with the recipient to seek treatment services. The recipient was then informed that, if she did not seek treatment, she would receive a sanction and lose her cash assistance (Cuyahoga Work & Training, 2000b). Once she contacted the agency, she would then be asked to begin a second assessment process prior to obtaining treatment. Initially, coaches were uncomfortable with the assessment and referral process. Staff members at contracted agencies were unable to successfully promote agency services, and many recipients experienced delays in obtaining needed assistance (Cuyahoga Work & Training, 1999). In addition, treatment had to be accessible, approved for payment by Medicaid, and available at the time the recipient

was referred or the recipient was unlikely to follow through (Cuyahoga Work & Training, 1999).[7]

In summary, some of the critical services designed to assist mothers of children in foster care who were also receiving cash assistance to obtain employment were in place by 2000. But some of the mechanisms for coordinating services, and some services such as psychiatric or substance abuse services, were cumbersome and, in some cases, non-existent.

Caseload Study

The Caseload Study was driven by the broad hypothesis that welfare reform would have a negative effect on the child welfare system in this county. However, at the time the Caseload Study began, it was unclear as to how welfare reform might specifically affect the child welfare system. The effects might be wide-spread, such as an increase in the number of child abuse and neglect reports or they might be narrow, such as an increase in the number of children with substantiated reports who are referred to foster care.[8]

To begin to examine whether any of these increases occurred, we developed research questions pertaining to increases in the county's public child welfare caseloads at several critical points. We plotted the number of monthly counts of each of ten child welfare variables of interest, four of which are reported here for each of 80 months of the study period from January 1995 through August 2001, of which 33 months were prior to welfare reform and 47 were after.[9]

To assess whether increases in child welfare counts occurred in relation to decreases in cash assistance recipient counts, we analyzed these data with econometric methods: we used the autoregressive regression model (SAS, 1988) with a maximum likelihood estimator[10]. The unit

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[7] Although the 13 interviews contain a great deal of information from key actors in welfare reform implementation, they are limited in several ways. The interviews occurred when policy had not been fully enacted, and when several pilot projects intended to improve collaborative efforts were about to start. Evidence of the results of those initiatives is not reflected in these data. The interviews sought impressions from informants and their knowledge, understanding, and ability to integrate the policy information may have been incomplete. Last, the administrators may have lacked the day-to-day familiarity with the programs and implementation efforts in place in their agencies.

[8] County attorneys believed state implementation legislation would result in an increase in the time children spent in foster care, and the number of children in permanent custody (Regional Interdisciplinary Briefings, 1999).

[9] Counts were conditioned by a technique called "curve smoothing", the purpose of which is to remove random fluctuations in monthly counts in order to reveal trends in the data (Pindyck & Rubinfeld, 1998; SAS, 1995). Various techniques can be used in curve-smoothing: simple moving averages, in which each period is weighted equally; weighted moving averages; and exponentially weighted moving averages. After testing each of these methods, adopting a five-month weighted moving average was found to provide the best fit to the data. As a result, the total number of months analyzed was 75.

[10] To answer the question whether an outcome time-series variable (for instance, number of reported incidents of child maltreatment) is related to the time-series of cash assistance recipients, after controlling for the time-series of unemployment rate, we applied an autoregressive regression model. A typical problem in analyzing time series data is the presence of serial autocorrelation. The autoregressive regression model assumes that the error term is an autoregressive process of a given order AR(p), and estimates regression coefficients using a maximum likelihood method. The model can be expressed as follows: $Y_t = B_0 + B_1 (AFDC)_{t-n} + B_2 (Unemployment)_t + B_3 (Post\ Reform)_t + U_t$. The model assumes that the error term U_t is a combination of a random shock and an autoregressive process with one or two previous errors. For instance, the error term for AR(p)=2 is as follows: $U_t = e_t - a_1 U_{t-1} - a_2 U_{t-2}$ - where a_1 and a_2 are two autoregressive parameters assumed to be given. The auto-regressive model employs a Gauss-Marquardt algorithm to maximize the log likelihood function. In this study, we tested both AR(p)=2 and AR(p)=1. The Durbin-Watson tests indicated that autocorrelation was present for all study variables when we used OLS regression modeling, but the problem was absent when we used the autoregressive modeling with an AR(p)=1 specification. Therefore, AR(p) =1 was chosen for the study. In the above equation, $(AFDC)_{t-n}$ denotes n lagged

of analysis in this model is a month. In these analyses, we assumed that it would take five months for a decrease in the number of recipients of cash assistance to promote an increase in the counts of the child welfare variable under study.

In these analyses, there were three independent variables: the number of recipients of cash assistance, five months prior to the current month ("lagged cash assistance count"); a dichotomous variable indicating whether the current month is a pre- or a post-welfare reform month ("post-reform month"); and the current month's unemployment rate. The dependent variable was: the count of the child welfare variable of interest in the current month.

Before discussing these counts or analyses, it is useful to show the trend in the number of recipients of cash assistance and in the unemployment rate in the period of time under study. Figure 1 shows a steady decline from January 1995 through August 2001 in the number of recipients of cash assistance in Cuyahoga County. In January 1995 there were 124,527 recipients; in September 1997 there were 95,796 recipients, and by August 2001, there were 34,061 recipients.

Figure 1. Number of Cash Assistance Recipients

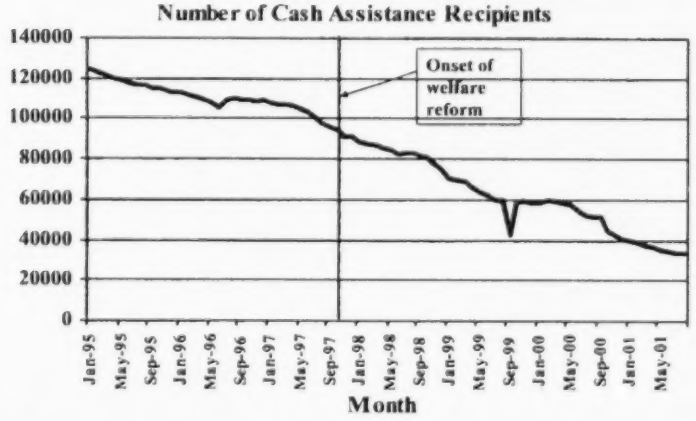

Figure 2 shows the unemployment rate in Cuyahoga County remained relatively steady throughout the study period, though it was slightly higher from January 1995, when the rate was 5.3 percent, through January 1997, when the rate was 5.8 percent, than after that period of time.

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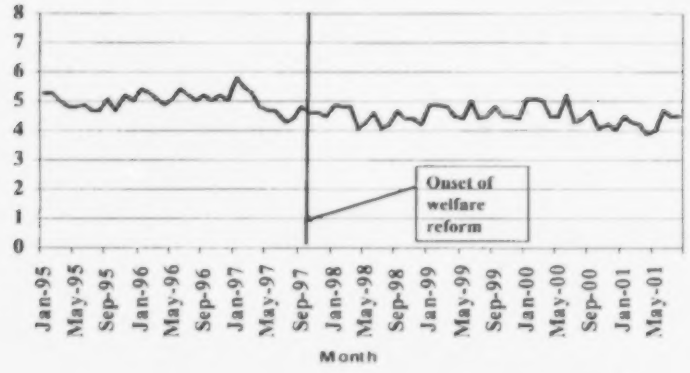
months of the impact of AFDC/TANF caseloads. This specification is based on the assumption that a decrease in the number of welfare cash recipients takes time to exert impact on child maltreatment/service caseloads. We tested different numbers for n (i.e., n=1, 2, up to 5) and found that 5 was reasonably good for most outcome variables. We also included a dichotomous variable measuring welfare reform period in the time series models, which is denoted as "Post Reform" in the above equation. The variable was coded 1, if t is October 1997 (the onset of welfare reform in Ohio) or later, and was coded 0 otherwise (i.e., a non-reform month prior to October 1997). We used the procedure of AUTOREG provided by SAS/ETS Release 8.2 to conduct this analysis.

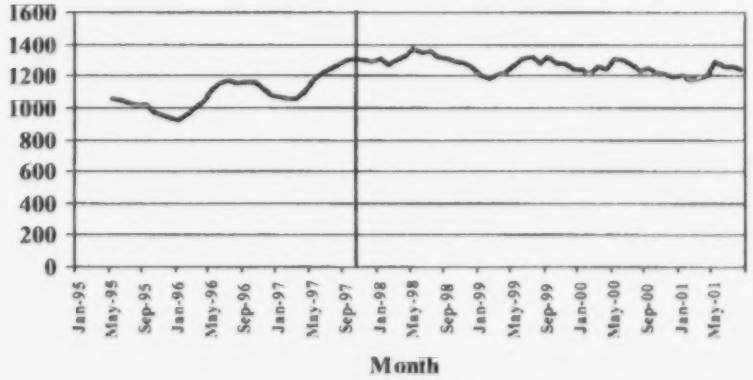
Figure 2. Unemployment Rate



Number of Reports.

Figure 3 shows the number of abuse and neglect reports filed with the Cuyahoga County Department of Children and Family Services Department prior to and after welfare reform. Figure 3 shows that there was an increase from 1055 child abuse and neglect reports in May

Figure 3. Number of Reports Filed



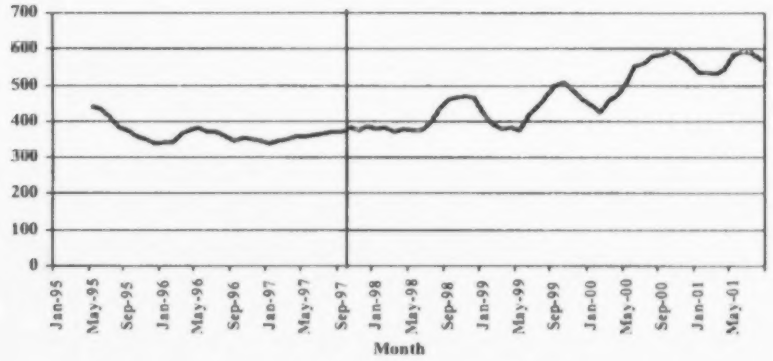
1995 to 1303 reports in September 1997, the last month prior to welfare reform in the State, but that after that month, the number of reports remained at the higher number.

The statistical analysis of these data showed that, of the three independent variables tested, the "post-reform month" variable was related to the number of child abuse and neglect reports to a statistically significant degree ($p<.05$: See Table A1 in Appendix A.). The number of child abuse and neglect reports in the post-welfare reform period was, on average, 162 reports higher each month than in the pre-welfare reform period.

Number of Children with Substantiated Reports.

In the next analysis, we focused on number of children rather than on number of reports. With respect to the number of children with substantiated reports of child abuse or neglect, Figure 4 shows a decline in the number of children with substantiated reports

Figure 4. Number of Children with Substantiated Reports



from 439 children in May 1995 to 341 children in January 1996; after that month, the number of children each month varied between 336 and 370 until September 1997. After September 1997, the number of children with substantiated reports varied, but the trend was upward so that by June 2001, the number of children with substantiated reports was 593.

The statistical analysis of these data showed that, of the three independent variables tested, the "lagged cash assistance count" variable was related to the number of children with substantiated reports to a statistically significant degree ($p<.001$). A one-recipient decrease in the number of recipients of cash assistance was associated with a .0028 increase in the number of children with substantiated reports, five months later.

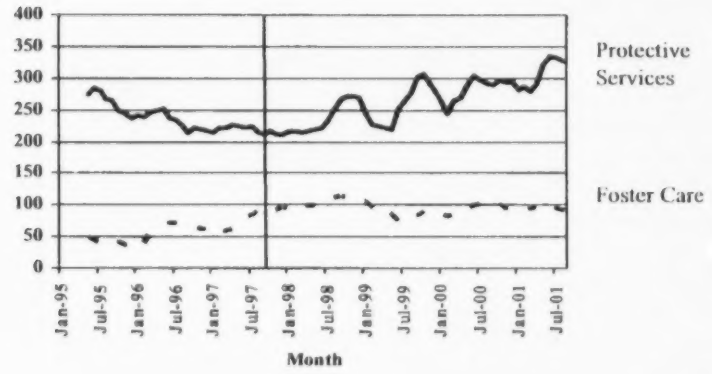
To illustrate this finding, consider that the cash assistance caseload decreased, on average, by 1134 recipients each month of the study period. Therefore, the average monthly number of exits from the cash assistance caseload was associated with a 3.2-child increase in the number of children with substantiated reports of abuse or neglect, five months later. Over a 75-

month period, there are at least 241 children with substantiated reports that are related to the decrease in the cash assistance caseloads.

Number of Children with Substantiated Reports Referred to Protective Services.

Figure 5 shows that that number of children with substantiated reports referred to protective services was 275 children in May 1995 and 211 in September 1997; this number remained about the same until July 1998; after that month, the number varied, but the trend was upward so that by August 2001, the number was 328.

Figure 5. Number of Children with Substantiated Reports Referred to Protective Services or to Foster Care



The statistical analysis of these data showed that, of the three independent variables tested, the "lagged cash assistance count" variable was related to the number of children with substantiated reports referred to protective services to a statistically significant degree ($p<.001$). A one-recipient decrease in the number of recipients of cash assistance was associated with a .0013 increase in the number of children with substantiated reports referred to protective services, five months later.

Because the cash assistance caseloads decreased, on average, by 1134 recipients each month of the study period, the average monthly number of exits from the cash assistance caseload was associated with a 1.45-child increase in the number of children with substantiated reports referred to protective services, 5 months later. Over a 75-month period, there are at least 109 total children with substantiated reports who are referred to protective services that are related to the decrease in the cash assistance caseload.

Number of Children with Substantiated Reports Referred to Foster Care.

And, finally, with respect to number of children with substantiated reports referred to foster care, Figure 5 also shows that there were 48 children referred to foster care in May 1995

and by September 1997 that number had increased to 97 children. After that month, the number varied but remained at a high level.

The statistical analysis of these data showed that, of the three independent variables tested, the "post-reform month" variable was related to the number of children with substantiated reports referred to foster care to a statistically significant degree ($p<.05$). The number of children with substantiated reports referred to foster care in the post-welfare reform period was, on average, 27.73 children higher each month than in the pre-welfare reform period.

In summary, these data show that there have been broad changes in the child welfare caseload in Cuyahoga County under conditions of welfare reform, including increases in the county's foster care caseload. These data cannot show, however, how children (or families) within the caseload experience change. (Wulczyn, 1996).[11]

Cohort Study

The third component of our research program, the Cohort Study, was designed to address such a research question. This study examined whether children placed in foster care prior to welfare reform returned home to their biological mothers more quickly than did children placed in foster care after welfare reform, after controlling for other factors that had been linked to reunification in prior research (Wells & Guo, 1999). This question flows directly from the concern that welfare reform would result in many mothers of children in foster care being too impoverished to care for their children.

As Figure 6 shows, we examined three groups of children: a cohort of children entering foster care for the first time before welfare reform, and two cohorts after welfare reform. We obtained data for each child 18 months prior to his or her placement in foster care, and for 12 months after placement, or until the child was reunified or had another child welfare outcome.[12]

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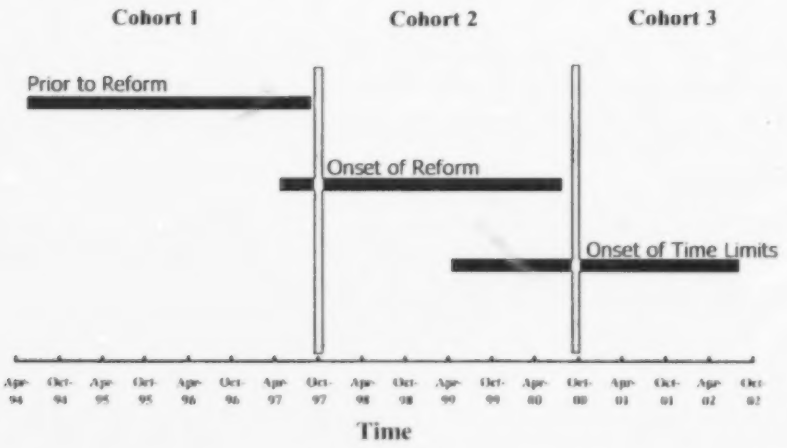
[11] These time series analyses have several limitations including the following: only three independent variables were included in the statistical analyses—two of which are structural (e.g., the number of cash assistance recipients reported and the unemployment rate); we only tested one type of time series model, the autoregressive model using a maximum likelihood estimator; and, finally, the time series approach is a macro approach and is based on aggregated data. For example, child welfare reform could just as plausibly account for these findings as could welfare reform. In addition, there is not a reasonable way to test whether counterfactuals, or whether the trends we observed were statistically significant from the trends that might be predicted in the absence of welfare reform because we lack theory to guide development of such predictions and detailed knowledge of the extent to which welfare reform was implemented consistently across the county.

[12] The pre-welfare reform entry cohort (Cohort 1) entered foster care between October 1995 and March 1996; the first post-welfare reform cohort (Cohort 2) entered foster care between October 1998 and March 1999. Criterion samples were drawn from these cohorts. Children in the criterion samples met each of the following three criteria: child age (children who were no older than 16.5 years of age); family type (children from single mother families); and placement type (children placed in family foster care, kinship care, and group or hospital-based care). The age criterion ensured that each child could be studied for 12 months, without being removed from the system due to age. The family type criterion ensured that families were studied that were most likely to be involved in the welfare system. The placement criterion ensured that children in out-of-home placements were studied.

Figure 6: Caseload Study: Entry-Cohort Design



Study data were drawn from administrative data sets from the county's public child welfare agency; the county's public welfare agency; and the state agency responsible for employment-related services. The child welfare data set contained information regarding a child and his or her mother's characteristics. The public welfare data set contained information regarding a child's mother's use of cash assistance. The employment data set contained information regarding a child's mother's income from wages. (All income and cash assistance data were adjusted at the level of 1994 -- using the United States Census Bureau's Consumer Price Index - in order to control for inflation.).

Analyses of study data were completed with event history analysis (i.e., the Cox Proportional Hazards Model). We corrected auto-correlational problems in these data associated with the presence of children from the same family in each cohort (Guo & Wells, 2003).

The results of our analysis of the first (pre-welfare reform) cohort were published this year (Wells & Guo, 2003). The findings showed that, prior to welfare reform, children whose mothers lost at least some of their cash assistance after their children's placements but before their children were reunified, and also gained income from work, were reunified more slowly than were children whose mothers did not lose cash assistance after their children's placements.[13]

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[13] Loss of $75 or more in cash assistance was used to represent a "significant" loss, based on pilot work of Shook (1999). When we compared the two cohorts, we controlled for inflation. Loss of $75 or more in cash assistance was used to represent a "significant loss", based on the pilot work of Shook (1999). Forty percent (41.5%) of the pre- welfare reform children had mothers who lost cash assistance after their placement. As Table A4 shows (see Appendix), of those who lost cash assistance, 26.11 % had mothers who lost cash assistance in their second month of placement and 49.68% had mothers who lost cash assistance in their third month of placement. Thirty six percent (36.4%) of the post- welfare reform children had mothers who lost cash assistance. Of those who lost cash assistance, 16.23% lost cash assistance during their second month of placement, 36.13 % during their third month of placement, and 25.13% in their fourth month of placement. Thus, in the post-welfare reform cohort, close to half (47.64%) of children whose mothers lost cash assistance did so after their first 90 days in placement, and less than ten percent (9.94%) of children whose mothers lost cash assistance did so after their first 180 days in placement suggesting that the majority of mothers were not losing cash assistance due to the time their children spent in foster care.

However, one limitation of the study is that we do not know why children's mothers lost cash assistance. Loss could be the result of having a child become 18; being sanctioned; of obtaining employment; having a child placed in foster care (prior to welfare reform); or , after welfare reform, having a child in foster care a specified number of days or receiving cash assistance a specified number of months (i.e., reaching time limits). Moreover, implementation of welfare policies for mothers with children in foster care was inconsistent prior to welfare reform (Jim McCafferty, CCDCFS Executive Director, August 2000, personal communication) as well as after welfare reform (Jackie McCrae, CCDCFS

(These children were also reunified more slowly than were children whose mothers did not receive cash assistance at all.) This analysis also showed that one other income variable, a child's mother's average monthly total income (i.e., income from cash assistance and wages) was related to speed of reunification to a statistically significant degree: children whose mothers had a higher average monthly total income after placement returned home more quickly than did children whose mothers had a lower total income. However, study data also showed that the source of income also mattered: as the percentage of average monthly total income from wages increased, the speed of reunification decreased, though this relationship only approached statistical significance ($p < .10$). Therefore, we know that income-related variables are related to speed of reunification. Yet we do not know for sure whether one variable causes another.

We have begun our analyses of how the pre-welfare reform cohort compares to the first post-welfare reform cohort. In brief, after controlling for inflation, the relationship between income-related variables and speed of reunification was broadly the same in both cohorts, with a few exceptions. One exception is that children stayed longer in foster care in the second entry cohort than in the first. As Figure 7 shows, although roughly the same proportion (77%) of each

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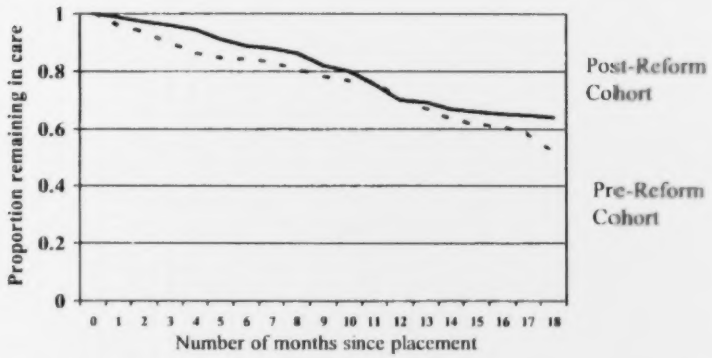
Administrator of the Foster Care Resource Management Department, March 28, 2003, personal communication). The later was due, in part, to the flexibility with which county welfare workers could implement the state's welfare reform plan on a case-by-case basis.

In addition, we do not know which children , at the time of placement, the child welfare agency expected to be reunified —a policy proscription for receipt of cash assistance by poor mothers with children in foster care after welfare reform. (Our analysis of the CCDCFS case plan goal data, for mothers of children involved in the Interview Study, revealed that most mothers (82%), 141/173) had children with a case-plan goal of reunification. For those who did not (18%, 32/173), case-plan goals were recorded between 161 to 363 days after placement: thus, it was difficult to determine whether these children's case-plan goals were original goals (i.e., 18% of mothers could have had children with an earlier case plan goal of reunification).

In addition, of the 82% of mothers whose children had a reunification goal, 36% were reunified with their children within 12 months and 40% within 18 months post-placement. Of the 18% (32/173) of mothers whose children lacked a goal of reunification, 0% were reunified within 12 months post-placement and 34% by 18 months post-placement. Therefore, a case plan goal was not identical with a foster care outcome, and by 18 months post-placement, one third of mothers in *both* groups had their children returned home.)

As a result, we cannot evaluate precisely the extent to which the statistically significant relationship that we found between loss of cash assistance and speed of reunification is due to an artifact of a relationship between number of days in placement and loss of cash assistance due to placement of a child in foster care and reunification as a goal of placement and loss of cash assistance. However, we estimate that the relationship we found between a loss of cash assistance and speed of reunification is not an artifact of a possible relationship between number of days in placement and a goal of reunification for several reasons: mothers can lose cash assistance for many reasons, so that all losses are unlikely to be due to placement of children in foster care; case plan goals change over time; loss of cash assistance occurs primarily before the 90 or 180 days in placement deadline; and because policies pertaining to foster care placement and loss of cash assistance were implemented inconsistently. In short, we argue that loss of cash assistance is not linked strongly to days in foster care and is not, therefore, integral to our finding that loss of cash assistance slows the speed with which children return home.

Figure 7: Proportion of Children Remaining in Foster Care by Entry Cohort



Kaplan-Meier tests indicate that the difference between cohorts is statistically significant ($p<.01$).

cohort was still in care at 12 months, at 18 months the two groups diverged, and the difference between the two was statistically significant ($p < .01$).

A second important exception, as Table 1 shows, was that there were income and welfare-related differences between the two cohorts. In the pre-welfare reform cohort, a larger percentage of children had mothers who used cash assistance before and after their children's placement than was the case for the post- welfare reform cohort. In the pre-welfare reform cohort, a smaller percentage of children had mothers who were employed prior to their children's placements than was the case for the post-welfare reform cohort.

Cross-Cohort Comparison

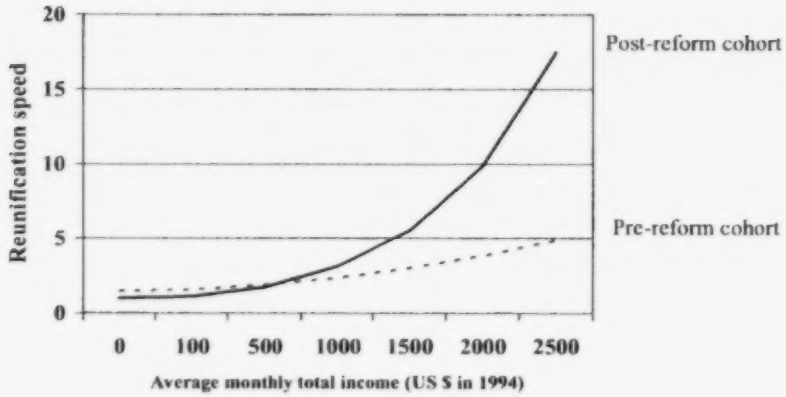
Table 1

	Entry Cohort 1 (n=378)	Entry Cohort 2 (n=525)
Percent reunified within 12 months	23.0%	23.8%
Mothers' cash assistance use and loss in 12-months post placement:		
Did not use cash assistance	40.7%	56.6%
Use and no loss of cash assistance	17.7%	7.0%
Use and loss of cash assistance	41.5%	36.4%
Sample mean percentage of months mothers worked in 18 months pre-placement	26.0%	33.7%
Sample mean percentage of months mothers received cash assistance in 18 months pre-placement	54.6%	41.2%
Mothers' average monthly total income from wages and cash assistance in 12 months post-placement	$301.07	$329.99
Sample mean percent of mothers' total income due to wages in 12 months post-placement	33.0%	49.5%

Note: All figures are based on the number of children in the cohort, after correcting for autocorrelational problems. All income figures have been adjusted for inflation and represent 1994 dollar equivalents.

In addition, analyses also show that the effect of a child's mother's post-placement average monthly total income on the speed or rate at which her child was reunified was greater in the post-welfare reform cohort than in the pre-welfare reform cohort (Wells & Guo, 2001). Figure 8 displays this and three other findings. First, as a mother's total income increases, the speed with which her child is reunified increases. This is true for both the pre- and the post-

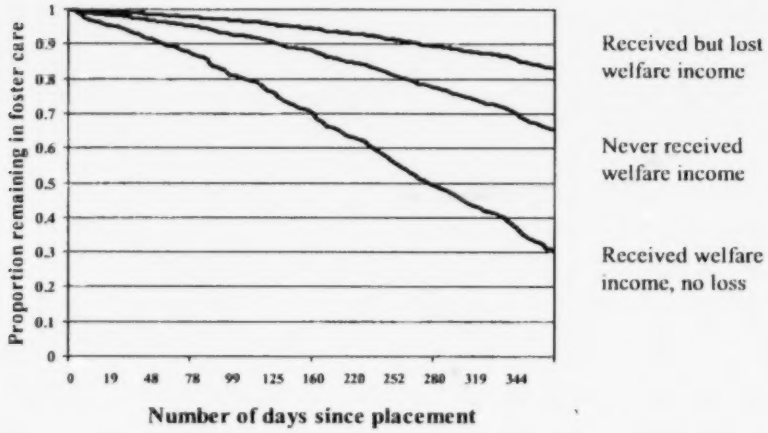
Figure 8: The Interactive Effect of Entry Cohort and Mother's Income on Speed of Reunification



welfare reform cohorts. Second, the effect of income differs by entry cohort. For example, a one-dollar increase in a mother's income accelerates the speed with which her child returns home to a greater extent in the post-welfare reform cohort than in the pre-welfare reform cohort. Third, there are large differences in speed of reunification for children whose mothers had no income and those who had a relatively high income (i.e., $2500) within the post-welfare reform cohort. Fourth, there are large differences in speed of reunification for children with mothers with the same relatively large income ($2500), between cohorts. For example, children with mothers who had this income level ($2500) in the pre-welfare reform cohort spent approximately 3.5 months in care (a speed of 5) compared to one month in care (a speed of 17) for children in the post-welfare reform cohort.

In addition, the effect of a mother's loss of cash assistance on the speed with which her child remained in foster care, after controlling for the other variables included in the analysis, was the same before and after welfare reform. Figure 9 graphically displays this finding. About 83% of children whose mothers received cash assistance but experienced a significant loss of cash assistance were in placement one year after placement. In dramatic contrast to this, only 30% of children whose mothers received and did not lose cash assistance remained in placement one year later. Children whose mothers did not use cash assistance post-placement occupied the middle ground between those two groups: 65% of this group of children remained in placement one year later.

Figure 9: The Impact of Mother's Cash Assistance Use and Loss on Proportion of Children Remaining in Foster Care



In short, children in foster care, whether they entered foster care prior to welfare reform or after welfare reform, were reunified more quickly if their mothers received cash assistance consistently. However, the effect of a child's mother's total average monthly income on the speed with which the child returned home was even greater after welfare reform than before.

Interview Study

The Interview Study, the fourth component of the research program, was designed to explore factors that one would expect to be linked to reunification, but that could not be included in the Cohort Study, due to the limitations of the administrative databases on which that study depends. The research question under investigation in this study is whether a mother's income is a significant predictor of her reunification with her children within one year of placement, after controlling for other relevant factors.

Study subjects were selected from among the biological single mothers of children in the third entry cohort. Among those who met criteria for participation in the study, we obtained a 75% response rate.[14]

Subjects were interviewed individually by trained interviewers all of whom were middle-aged women, and who were matched to subjects by race. The single interview form was

[14] To be eligible, mothers had to be at least 18 years old at the time of their children's placement into foster care, in order to be able to give informed consent. We attempted to interview as many eligible mothers as could be located, within the financial and time constraints of the study. Of the 239 eligible mothers that we were able to locate and contact, 179[14] completed interviews, a response rate of 74.9%. Mothers were interviewed within an average of 89 days after the placement of their child in foster care, while the range of this time interval varied widely, from 22 to 268 days. As a result, our major objective - that of interviewing the mothers *after* they had some experience of the child welfare system but *before* reunification with their children took place - was largely met.

comprised of individual questions with open-ended and closed-ended response formats, indices and scales derived from other studies, as well as standardized measures.

While the interview data are still being analyzed, it is useful to the achievement of the objectives of this paper to provide some detail as to the characteristics of the sample. Mothers in the sample were typically relatively young (with an average age of 31) and African-American (75.7%). The majority had a limited education and had never been married. For those who were living with a partner, only 14% were living with a man who was the father of all of their children.

Table 2 shows that the large majority (81.5%) had incomes below the poverty threshold and, dramatically, 58.4% were living in extreme poverty, that is, at or below half the poverty

Mothers' Total Income, Employment Status, Use of Cash Assistance and Economic Impoverishment

Table 2

	#	%
Total personal income from all sources - previous month[a]		
$0	39	22.5
< $400	33	19.1
$400 - $999	63	36.4
$1000 - $1999	25	14.5
> $2000	7	4.0
Mothers' adult use of cash assistance		
Received cash assistance at some time in adult life	145	83.8
Received cash assistance at some time in the past five years	133	76.9
Received cash assistance "some" - "all of the time" in *each* of the past five years	93	53.8
Passed 36 month limit on cash assistance benefit	36	20.8
Mothers' employment status at time of interview		
Working full-time[b]	53	30.6
Working part-time[c]	27	15.6
Not working but looking	55	31.8
Not working or looking	32	18.5
Mothers estimated below poverty threshold[d]	141	81.5
Mothers estimated living in "extreme poverty"[e]	101	58.4

Note: All statistics are based on N=173 mothers, unless specified otherwise; category percentiles that total less than 100% are due to missing data.

[a]Mothers were asked to identify all sources of income from the following list: paid employment; TANF/OWF; SSI; WIC; PRC; food stamps; financial assistance from family/friends; financial support from spouse/partner; child support/alimony; public housing subsidy; utility assistance; workers compensation; foster child payments; rent from tenant/border; unemployment [b]30 hours per week or more. [c]10-29 hours per week. [c]Percentages based on total mothers currently employed full-time or part-time (N=80).

[c]Employed mothers were asked if they had each of the following benefits: dental insurance for self; dental insurance for children; life insurance; disability insurance; retirement program; paid sick days or personal leave days; unpaid sick days or personal leave days.

[d]Based on U.S. Census Bureau Poverty Guidelines for 2001. Threshold is determined as a function of income relative to size of family unit. For our computations, size of family unit was computed as the mother and all her biological and/ or adopted children <18 years old who were not in permanent custody at the time of the interview. Income was computed as the total personal income from all sources reported by the mother for the month preceding the interview multiplied by 12.

[e]Computed as per above - see Note [d] - but using half the dollar amounts of the Census Bureau's guidelines.

threshold. Not surprisingly, 83.8% had received cash assistance at some time in adulthood and half were not working at the time of the interview. Less than one-third of the mothers (30.6%) were working full-time (30 or more hours per week) at the time of the interview, and half (50.3%) were unemployed. Therefore, although a greater proportion of mothers of children in foster care are employed and a lower proportion are using cash assistance, they remain fairly poor.

Furthermore, the sample as a whole exhibited numerous significant barriers to employment (see Table 3), including: lack of transportation (74.6%); lack of a high school

Mothers Citing Barriers to Employment By Study

Table 3

	Current study		W.E.S.	
	#	%	#	%
Transportation barrier[a]*	129	74.6	343	47.1
Education barrier[b]*	79	45.7	229	31.4
Job skills barrier[c]*	60	34.7	154	21.1
Special needs child barrier[d]	53	30.6	161	22.1
Alcohol/ drug use barrier[e]	51	29.5		6.0[f]
Physical abuse/domestic violence barrier[g]*	46	26.6	108	14.9
Perceived discrimination barrier[h]	28	16.2	101	13.9
Physical health barrier[i]	26	15.0	141	19.4
Work experience barrier[j]	25	14.5	112	15.4
Workplace norms barrier[k]*	14	8.1	66	9.1

Note. A Comparison of the current study sample to the Women's Employment Study sample (W.E.S.; Danziger et al., 2000). N for current study = 173; N for W.E.S. = 728. "Employment" for the current study is defined as ≥ 30 hours per week paid employment; "employment" for the W.E.S. is defined as ≥ 20 hours per week paid employment. Only percentages of the sample population were available for the W.E.S., all N's for that study that appear in this table were computed from those percentages and based on the total sample of 728, and may not reflect the exact Ns for that study.

*Barriers marked with an * are operationalized identically in both studies.

[a]Lack of a valid driver's licence or regular access to a car, or both. [b]Less than a high school diploma/GED.

[c]Fewer than 4 of 9 basic job skills.

[d]For current study: at least one child *in foster care* with special needs, defined as a limiting physical, behavioral or mental health condition; for W.E.S., at least one special needs child (not necessarily in foster care), as defined above.

[e]For current study: mother reports receiving treatment for either alcohol or drug use in past year; for W.E.S.: score in range of clinical caseness on either Alcohol Dependence or Drug Dependence subscale of the Composite International Diagnostic Interview used in the National Co-morbidity Survey (Kessler et al., 1994).

[f]Percent equals the sum of alcohol abusers (2.7%) and drug abusers (3.3%); the N is not given, as it is impossible to compute the number of discrete individuals represented by these summed percentages.

[g]Severe physical abuse from spouse/partner in past year.

[h]For current study: mother perceives that, at some time, she was refused a job, fired or not promoted because of race, gender, welfare use or criminal record; for W.E.S.: women who reported ≥ 4 total instances of being refused a job or not promoted because of race, gender or welfare use or of being verbally or sexually harrassed at work.

[i]Health self-rating as fair or poor, and score in lowest age-specific quartile on Ware Physical Functioning Scale (Ware, et al, 2000)

[j]Paid employment in fewer than 20% of years since turning 18. [k]Endorsed fewer than 5 of 9 fundamental workplace norms.

education (45.7%); inadequate job skills (34.7%); and having a child with special needs (30.6%). When compared to a sample of mothers who had received cash assistance in the Michigan Women's Employment Study (Danziger, Corcoran, Danziger, & Heflin, 2000), we found that significantly greater proportions of our sample lacked transportation (74.6% vs. 47.1%: $p < .05$) and a high school or GED degree (45.7% vs. 31.4%: $p < .05$), two of the seven variables that were measured in exactly the same way.

In addition, 24 percent of mothers interviewed were found to have severe psychiatric symptoms in the clinical range (see Table A2 in Appendix A), and almost 48 percent had a drug problem at the time of interview and/or when their children were placed in foster care.[15] Up to one third suffered serious trauma as children (see Table A3 in Appendix A): 26.6% experienced sexual abuse, a condition that is highly associated with negative (and sometimes long-term) mental health outcomes (Browne & Finkelhor, 1986; Finkelhor, 1990; Mullen, Martin, Adnerson, Romans & Herbison, 1996). In addition, we have found these conditions to be associated with a lower probability that mothers are employed after their children's placements (Wells & Shafran, 2002).

In summary, under conditions of welfare reform, mothers of children in foster care in Cuyahoga County are economically impoverished, and a significant minority have serious psychiatric problems, that have been shown to be linked with a lower probability of working after their children's placements.

Conclusions

In summary, our data suggest, but cannot prove, that families of children in foster care, from communities similar to the one that we have been studying, deteriorated under conditions of welfare reform, at least through 2001. We use the term, deteriorated, because the number of children referred to foster care in the post-welfare reform period was, on average, higher each month than in the pre-welfare reform period. In addition, a higher proportion of foster children remained in care 18 months post-placement, after welfare reform than before.

Moreover, although the higher a child's mother's post-placement income, the faster her child returns home both before and after welfare reform, this effect is greater after welfare reform than before. And, finally, although we don't have comparable data for both pre- and post-welfare reform samples of mothers, slightly more than half the mothers with children in foster care after welfare reform were living in "extreme poverty," and many mothers of children in foster care have significant obstacles to employment.

Some of these findings could be due to factors other than welfare reform such as to the implementation of the Adoption and Safe Families Act of 1997. Yet, it is difficult for any research design to disentangle the effects of multiple policies and variations in policy implementation, economic conditions, and populations over time. The "conclusion" suggested here is based on studies using multiple methods, with contrasting strengths and limitations, and, as such, when considered together, provide some confidence in this assertion: Income is central to reunification of children in foster care with their mothers, and policies should be developed to

[15]Mothers were considered to have a drug abuse problem if any of the following obtained: Department of Children and Family Services intake records cited a substance abuse problem as the primary or secondary reason for placement of the child in foster care, or that the child placed in foster care was a cocaine-addicted infant; the mother self-reported using substance abuse services at the time of being interviewed.

provide such income, for a sufficiently long period of time, so that mothers can ameliorate their psychiatric and other problems, and so that they do not lose their children due to poverty alone.

Appendix A

Estimated Regression Coefficients of Autoregressive Time-Series Models on Child-Welfare Variables

Table A1

	Dependent variable = Y_t			
Independent variables	No. of reports	No. of children with substantiated reports	No. of children with substantiated reports referred to protective services	No. of children with substantiated reports referred to foster care services
Number of cash assistance recipients $_{t-5}$	0.0002	-0.0028**	-0.0013**	0.00003
Unemployment rate $_t$	16.13	-10.15	5.36	-10.07
Post-reform month	161.53*	-6.56	-12.40	27.73*
Constant	1011.00**	727.90**	346.51**	109.52*
R^2	0.4	0.65	0.44	0.46
Number of months analyzed	75	75	75	75

Notes: "Yt" is the dependent variable for time series Y at month t; "Number of cash assistance recipients) t-5" is the nubmer of cash assistance recipients in month t-5, that is, 5 months earlier than the dependent variable; "Unemployment rate$_t$" is the unemployment rate at month t; "Post -reform month" is a dicholomous variable measuring period of welfare reform, coded as 1, if the month is Oct. 1997 or later, coded 0 otherwise. * p < .05, ** p<.001, two-tailed test.

Mothers' Psychiatric Symptomatology

Table A2

	Mean	Median	Mode	SD	Min.	Max.	α
Current study sample[a]							
BSI - general severity index	0.51	0.28	0.00	0.57	0.00	3.56	0.97
BSI - depression subscale	0.56	0.33	0.00	0.77	0.00	3.83	0.85
Comparison sample a[b]							
BSI - general severity index	0.30			0.31			
BSI - depression subscale	0.28			0.46			
Comparison sample b[c]							
BSI - general severity index	1.32			0.72			
BSI - depression subscale	1.80			1.08			
						#	%
Mothers assessed as being clinical "cases"[d]						42	24.9

Note: This table reports on the Brief Symptom Inventory (Derogatis, 1992). For both the General Severity Index and Depression Subscale, items are measured as follows: 0=Not At All; 1= A Little; 2=Moderately; 3=Quite A Bit; 4=Extremely.

[a]N=169; 3 cases were dropped from all regression analyses due to questionable validity of the data, 1 case was dropped because subject was the lone Hispanic in the sample, and race was used as a predictor variable.

[b]974 community-dwelling non-patient males and females, mean age = 46. Females=49.3%.

[c]1002 male and female psychiatric outpatients, mean age=31. Females=57.6%.

[d]An area T-score greater than 63 on the General Severity Index is indicative of clinical caseness (see Derogatis, 1992 for definition of area T-score and details on computation of "caseness.").

Mothers' Experience of Childhood Trauma

Table A3

	Mean	Median	Mode	SD	Min.	Max.	α	% moderate to extreme[a]
Emotional abuse	10.33	8.00	5.00	5.89	5.00	25.00	0.88	31.8
Physical abuse	8.30	7.00	5.00	4.94	5.00	25.00	0.89	23.1
Sexual abuse	8.41	5.00	5.00	6.38	5.00	25.00	0.97	26.6
Emotional neglect	10.98	10.00	5.00	5.62	5.00	25.00	0.90	24.9
Physical neglect	7.45	6.68	5.00	3.41	5.00	23.00	0.74	15.0
	#	%						
Minimization/ denial scale[b]								
Score > 0	54	31.2						

Note: All statistics are based on N=173 mothers, unless specified otherwise; category percentiles that total less than 100% are due to missing data. Table reports scores for the 5 scales that comprise the Childhood Trauma Questionnaire (Bernstein & Fink,

[a]Cut scores used here for determining sample percentages that have experienced moderate - extreme amounts of childhood trauma were developed using a sample of 151 female HMO members. Cut scores yield specificities ≥ 97% for all subscales. (See Bernstein

[b]Comprised of 3 items scored 0 (absent) or 1 (present), yielding a theoretical range of 0-3. Any score > 0 suggests the possibility of underreporting childhood trauma experiences.

Number of Months Between Child Placement and First Loss of Cash Assistance

Table A4

		Pre-reform cohort		Post-reform cohort	
		N	%	N	%
No loss of cash assistance[a]		221	58.5	334	63.6
Post-placement month at which first loss occurred[b]					
	2	41	26.11	31	16.23
	3	78	49.68	69	36.13
	4	20	12.74	48	25.13
	5	5	3.18	15	7.85
	6	4	2.55	9	4.71
	7	4	2.55	9	4.71
	8	4	2.55	4	2.09
	9	1	.64	1	.52
	10			2	1.05
	11				
	12			3	1.57
	Total	157	100%	191	100%

[a]Percentages based on total in cohort: N=378 for pre-reform cohort; N=525 for post-reform cohort.

[b]Percentages based on number of mothers losing cash assistance: n=157 for pre-reform cohort; n=191 for post-reform cohort.

REFERENCES

Adams. C., & Wilson, M. (2000). Welfare reform meets the devolution revolution in Ohio. *Welfare Reform in the Midwestern States*. SUNY, Albany: Rockefeller Institute.

Adoption and Safe Families Act of 1997. Public L. No. 105-89.

Annie E. Casey Foundation (2003). *CLIKS: County-City-Community Level Information on Kids*. Retrieved March 18, 2003, at: http://www.aecf.org/cgi-bin/cliks.cgi.

Bernstein, D.P., & Fink, L. (1998). *Childhood trauma questionnaire: A retrospective self-report.* The Psychological Corporation. San Antonio, TX: Harcourt Brace & Co.

Bertell, A., Coulton, C., Bania, N., & Wang, E. (n.d.). AFDC caseload: A comparison of Cuyahoga County, Ohio, and national data, 1989 – 1996. *Briefing Report No. 99801*. Cleveland, Ohio: Center for Urban Poverty and Social Change, Mandel School of Applied Social Sciences, Case Western Reserve University.

Brock, T., Coulton, C., London, A., Polit, D., Richburg-Hayes, L., Scott, E., et al. (2002). *Welfare reform in Cleveland: Implementation, effects, and experiences of poor families and neighborhoods*. Project on Devolution and Urban Change, Manpower Demonstration Research Corporation website: http://www.mdrc.org/Reports2002/uc_cleveland/uc_cleveland_fullreport.pdf

Browne, A. & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin, 99(1)*, 66-77.

Courtney, M. (1997). Welfare reform and child welfare services. In S. Kamerman & A. Kahn (Eds.), *Child welfare in the context of welfare "reform"* (Rep. V, pp.1-55). New York: Columbia University School of Social Work, Cross-National Studies Research Program.

Cuyahoga County Board of County Commissioners. (1998). *Cuyahoga County Partnership Agreement*. Cleveland, OH: Author.

Cuyahoga Work & Training. (2000a). Monthly progress report (October, 2000). Retrieved December 1, 2000 at: www.cuyahoga.oh.us/commish/dept/cwtrpt.html.

Cuyahoga Work & Training. (2000b). *Steps to self-sufficiency: 1999 annual report*. Cleveland, OH: Author.

Cuyahoga Work & Training. (1999). *Safety net for OWF sanctioned families*. Cleveland, OH: Author.

Danziger, S.K., Corcoran, M., Danziger, & S., Heflin (2000). Work, income, and material hardship after welfare reform. *Journal of Consumer Affairs, 43(1)*, 6-30.

Derogatis, L.R. (1992). *The Brief Symptom Inventory (BSI) Administration, Scoring, & Procedures Manual (II).* Clinical Psychometric Research Inc

Dunn, W. N. (1994). *Public policy analysis: An introduction (2nd Ed.).* Englewood Cliffs, NJ: Prentice Hall.

Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. *Professional Psychology: Research & Practice,* 21(5), 325-330.

Geen, R., & Tumlin, K. (1999). State efforts to remake child welfare: Responses to new challenges and increased scrutiny. Washington, DC: The Urban Institute.

Guo, S., & Wells, K. (2003). Research on timing of foster care outcomes: One methodological problem and approaches to its solution. *Social Services Review, 77(1),* 1-24.

Hardin, M. (1997). Sizing up the welfare act's impact on child protection. *Clearinghouse Review, Jan-Feb,* 1061-1068.

Hollingsworth, L.D. (2002). Child custody loss among women with severe mental illness [Abstract]. *Social Work Research at NIMH Moving Forward: Building on Social Work Contributions to Mental Health Research, Abstracts, 4.*

H.R. 4, 108th Cong. (2003). Personal Responsibility, Work, and Family Promotion Act of 2003.

Hutson, R. (2001). Red flags: Research raises concerns about the impact of "welfare reform" on child maltreatment. *Center for Law and Social Policy.* Washington, DC.

Kessler, R.C., McGonagle, K.A., Zhao, S., Nelson, C.B., Hughes, M., Eshleman, S., et al. (1994). Lifetime and 12-month prevalence of *DSM-III-R* psychiatric disorders in the United States: Results from the National Comorbidity Survey. *Archives of General Psychiatry, 51,* 8-19.

Krippendorf, K. (1980). Content analysis: An introduction to its methodology. Beverly Hills, CA: Sage Publications.

Luborsky, M. (1994). The identification and analysis of themes and patterns. In J. F. Gubrium, & A. Sankar (Eds.), *Qualitative methods in aging research* (pp. 189-210). Newbury Park, CA: Sage Publications.

Mullen, P.E., Martin, J.L., Anderson, J.C., Romans, S.E., & Herbison, G.P. (1996). Long-term impact of the physical, emotional, and sexual abuse of children: A community study. *Child Abuse and Neglect, 20 (1),* 7-21.

National Council of Juvenile and Family Court Judges (1999). *Effective intervention in domestic violence and child maltreatment cases: Guidelines for policy and practice.* Reno, NV: Author.

Ohio Department of Job and Family Services (ODJFS). (2000). Demographics for combined OWF recipients. Retrieved March 15, 2003 at: http://www.state.oh.us/odjfs/crise_reports/200010/grp219rd200009.pdf and http://www.state.oh.us/odjfs/crise_reports/200010/grp219rd200010.pdf

Ohio H. B. 484 (1999).

Ohio Works First. H.R. 408, 1997-1998 Gen. Assem., 122nd Sess. (Oh. 1997).

Pelton, L. H. (1994). The role of material factors in child abuse and neglect. In G.B. Melton & F. D. Barry (Eds.), *Protecting children from abuse and neglect: Foundations for a new national strategy* (pp. 131-181). New York: Guilford Press.

Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Pub. L. No. 104-193.

Pindyck, R.S., & Rubinfeld, D.L. (1998). *Econometric models and economic forecasts (4th Ed.)*. New York: McGraw-Hill.

Public Children's Services Association of Ohio (1998). *PCSAO Factbook. The child protection mission: Safe children, stable families, and strong communities*. Author.

SAMHSA (2000). *Exploring opportunities for addressing children's mental health and child welfare issues.* US Department of Health and Human Services and Administration for Children and Families, US Department of Health and Human Services.

SAS (1995). *Stock market analysis using the SAS system: Technical analysis*. Cary, NC: SAS Institute, Inc.

SAS (1988). *SAS/ETS User's Guide, Version 6 (1st Ed.)*. Cary, NC: SAS Institute, Inc.

Shook, K. (2000). Does the loss of welfare income increase the risk of involvement with the child welfare system? *Children and Youth Services Review, 21(9/10)*, 781-814

United States Census Bureau (2003). Retrieved March 18, 2003 at: http://factfinder.census.gov/bf/_lang=en_vt_name=DEC_2000_PL_U_QTPL_geo_id=05000US39035.html.

U.S. Department of Health and Human Services (1999). Blending perspectives and building common ground: A report to Congress on substance abuse and child protection. Washington, DC: U.S. Government Printing Office.

Ware, J.E., Snow, K.K., Kosinski, M., & Gandek, B. (2000). *SF-36 health survey: Manual and interpretation guide (2nd ed.)*. Lincoln, RI: Quality Metric Incorporated.

Wells, K., & Guo, S. (2003). Mothers' welfare and work income and reunification with children in foster care. *Children and Youth Services Review, 25(3)*, 203-224.

Wells, K, & Guo, S. (1999). Reunification and reentry of foster children. *Children and Youth Services Review, 21(4)*, 273-294.

Wells, K., Guo, S., & Li, F. (1999). *Impact of welfare reform on foster care and child welfare in Cuyahoga County, Ohio*. Interim Report. Mandel School of Applied Social Sciences, Case Western Reserve University, Cleveland, Ohio.

Wells, K., & Shafran, R.D. (2002). Mental health needs of biological mothers of children in foster care. *Final Report to Ohio Department of Mental Health*, December 2002. Cleveland, OH: Case Western Reserve University.

Wulczyn, F. (1996). A statistical and methodological framework for analyzing the foster care experiences of children. *Social Service Review, 70(2)*, 318-329.

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